

Worker Name: _____ Phone #: _____

Case Number: _____

THIS FORM MUST BE COMPLETED BY YOUR LANDLORD OR MANAGER

1. Name of Tenant: _____ Phone No: _____
Address: _____ Apt/Unit No: _____
City: _____ State: _____ Zip Code: _____

2. Date this tenant moved in: _____ **9 Home** **9 Apt** **9 Trailer**

Name of apartment complex: _____

3. Monthly rent amount (not including late fees or other legal fees): \$ _____

Are there any other fees associated with renting this apartment? If yes, explain _____

A. Is the rent split between 2 or more tenants? **9 Yes** **9 No** **9 Unknown**
If so, how is it divided? _____

B. Does anyone subsidize (pay all or part of) the rent? **9 Yes** **9 No** If so, please indicate who:
Housing Authority name & phone no: _____ \$ _____
Church name & phone no: _____ \$ _____
Family member & phone no: _____ \$ _____

C. Does this tenant work for rent? **9 Yes** **9 No** If so, how much per month: \$ _____
How many hours does she/he work per month: _____ hours

4. Utilities the tenant pays: **9 Electric** **9 Gas** **9 Phone** **9 Sewer** **9 Water** **9 Garbage**

5. Are the utility costs included in the rent? **9 Yes** **9 No**

6. Are the utility costs shared? **9 Yes** **9 No** **9 Unknown**

Does anyone pay for tenant's utilities? **9 Yes** **9 No** If so, who? _____

How is the residence heated? **9 Electric** **9 Gas** **9 Steam** **9 Wood** **9 Coal** **9 Propane**

Is the home cooled? **9 Yes** **9 No** If so, how: **9 Swamp Cooler** **9 Central Air** **9 Other:**

7. Please list all adults over age 18 living in the home.

_____/_____/_____
_____/_____/_____

8. Please list all children under 18 living in the home.

_____/_____/_____
_____/_____/_____

9. Are you related to the tenant? **9 Yes** **9 No** If so, how? **9 Parent** **9 Sibling** **9 Other:**

PLEASE PRINT & SIGN YOUR NAME BELOW. INCLUDE A PHONE NUMBER WHERE YOU MAY BE REACHED.

Name (print)

Signature

Phone

Position/Title

Landlord's Address

Date